



APPROACH PERMIT APPLICATION

Liberty Lake Planning & Community Development
22710 E. Country Vista Blvd., Liberty Lake WA 99019
Phone: (509) 755-6707 Fax: (509) 755 6713
Website: www.libertylakewa.gov

PROJECT ADDRESS:	PROJECT TYPE:
APPLICANT:	PHONE:
MAILING ADDRESS:	
(Street)	(City / State) (Zip)
CONTRACTOR:	LICENSE #:
CONTACT NAME:	PHONE:
MAILING ADDRESS:	
(Street)	(City / State) (Zip)

The undersigned hereby applies for permission to:

Anticipated Work Start Date: _____

The estimated time required for completion, including restoration, of the above work is _____ days which the petitioner agrees to prosecute with all diligence and speed with due regard for the rights, interests, and conveniences of the public. Petitioner further agrees to perform the work in strict compliance with the provisions enumerated on the permit and states that he has read and will adhere to the general provisions applicable to permits contained on the reverse side of this form. The undersigned guarantees that if the backfill, street surfacing or improvement fails within two (2) years from the date of final inspection by the City of Liberty Lake, they shall pay the cost of the City for making repairs or restoration of the roadway and improvements. In consideration of the granting of this permit it is agreed by the applicant that the City of Liberty Lake and any officer or employee thereof shall be saved harmless by the applicant from any liability of responsibility for any accident, loss, or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that any of said liabilities are hereby assumed by the applicant. It is further agreed that if any part of this installation interferes with the future use of the highway by the general public, it must be removed or relocated, as designed by the City Engineer at the expense of the permittee or his successor in interest.

Property Owner's Signature

Printed Name

Date

Applicant's Signature

Printed Name

Date

*** FIVE BUSINESS DAYS NOTICE IS REQUIRED FOR PERMITS AND TRAFFIC CONTROL PLANS MUST BE SUBMITTED. CALL 1(800) 424-5555 FOR LOCATE SERVICES AT LEAST 3 DAYS PRIOR TO COMMENCING DIGGING AFTER PERMIT IS GRANTED !**

(P&CD DEPT. OFFICE USE ONLY)

APPROACH PERMIT STATUS: APPROVED _____ DENIED & REASON _____

REVIEWED BY: _____ DATE: _____ PERMIT FEE: _____